

471-000-517 Nebraska Medicaid Practitioner Fee Schedule For Physical Therapy and Occupational Therapy Services

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Procedure Code	Modifier	SFY Non-Facility Rate	SFY Facility Rate	Comments
92506		\$54.54	\$16.03	
92507		\$33.39	\$13.92	
92610		\$64.92	\$39.99	
97001		\$59.36		
97002		\$40.07		
97003		\$59.36		
97004		\$40.07		
97005		<b>Non covered</b>		
97006		<b>Non covered</b>		
97010		\$7.42		
97012		\$16.70		
97014		\$12.98		
97016		\$16.70		
97018		\$11.13		
97022		\$16.70		
97024		\$11.13		
97026		\$7.42		
97028		\$14.84		
97032		\$16.70		
97033		\$18.55		
97034		\$14.84		
97035		\$14.84		
97036		\$20.40		
97039		<b>BR</b>		Requires Documentation
97110		\$18.55		
97112		\$18.55		
97113		\$16.70		
97116		\$14.84		
97124		\$20.40		
97139		<b>BR</b>		Requires Documentation
97140		\$22.26		
97150		\$18.55		

<b>Procedure Code</b>	<b>Modifier</b>	<b>SFY Non-Facility Rate</b>	<b>SFY Facility Rate</b>	<b>Comments</b>
97530		\$18.55		
97532		\$34.87		
97533		<b>Non covered</b>		
97535		<b>Non covered</b>		
97537		<b>Non covered</b>		
97542		\$27.82		
97545		<b>Non covered</b>		
97546		<b>Non covered</b>		
97597		\$41.18	\$20.51	
97598		\$52.31	\$28.56	
97602		\$37.10		
97605		\$18.55	\$13.62	
97606		\$20.40	\$15.30	
97750		\$35.24		
97755		\$18.55		
97760		\$9.28		
97761		\$17.81		
97762		\$11.13		
97799		<b>BR</b>		<b>Requires Documentation</b>
97810		<b>Non covered</b>		
97811		<b>Non covered</b>		
97813		<b>Non covered</b>		
97814		<b>Non covered</b>		